



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 7043

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 10/650,157 | FILING DATE 08/27/2003 RULE | CLASS 435 | GROUP ART UNIT 1654 | ATTORNEY DOCKET NO. A-67279-8 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

David A. Horwitz, Santa Monica, CA;

** CONTINUING DATA *****

This application is a CON of 10/028,944 12/21/2001 PAT 6,797,267
which is a CON of 09/564,436 05/04/2000 PAT 6,358,506
which claims benefit of 60/132,616 05/05/1999
and is a CIP of 09/186,771 11/05/1998 PAT 6,228,359
which claims benefit of 60/064,507 11/05/1997

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/02/2004

| | | | | | |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SMC</i> Examiner's Signature Initials | STATE OR COUNTRY CA | SHEETS DRAWING 16 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 2 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS

Richard F. Trecartin
DORSEY & WHITNEY LLP
Suite 3400
Four Embarcadero Center
San Francisco , CA
94111-4187

TITLE

Use of cytokines and mitogens to inhibit pathological immune responses

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 727 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|